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2. Leader's Name (Last, First, Middle Initial)		3. Social Security No.	4. Category (Check appropriate box) a. <input type="checkbox"/> Crew b. <input type="checkbox"/> Family c. <input type="checkbox"/> Individuals					
6. Permanent Address (No., St., City, State, ZIP)		7. Permanent Phone No.	8. Leader Functions a. <input type="checkbox"/> Supervises b. <input type="checkbox"/> Assumes payroll responsibility c. <input type="checkbox"/> Transports FLC Reg. No. _____					
9. Present Location (No., St., City, State, ZIP)		10. Present Phone No.	11. Originating Office Address					
12. L/O Phone No.		13. Name of L/O Representative		14. Do you have truck(s) for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No → If "YES" Specify Type _____				
15. Work Itinerary								
*Service and Status Codes ▶ 1. Tentative Schedule 2. Schedule 3. Referral 4. Revised Itinerary 5. Job Request 6. Self-Commitment 7. Job Information								
Service & Status Code*	Dates (Mo. & Day)		Employer's Name and Address (Include Phone No.)	Job Order No.	Activity	Total Individual		
	From	To				Total in Group	Total Workers	W
A	B		C	D	E	F	G	
16. Supportive Services Needed	Individual's Name			Type of Needed Service				
17. Comments On Any Item								